>>> S A M P L E <<<

AUTHORIZATION AGREEMENT FOR AUTOMATIC ACH DEPOSITS/ACH CREDITS/DEBITS

Name of Association/Community: ____Arbors at Mountain Shadows COA____

Association/Community Account Number : __ARBXXXXYXXX__ (See the format shown below)

Name on Account: __(Your Name)_____

Association/Community Address: ___(Your Bldg/Unit address)_____

I/We hereby authorize Balanced Bookkeeping & CAM hereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our (circle one) Checking / Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Bank Name: _____(Name of your Bank)_____

Bank Routing Number : _The first number on the left at the bottom of your check)

Bank Account Number : _The second number at the bottom of your check)

This authority is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

__ ACH debits will be processed on the 3rd of each month or the next business day if the 3rd should fall on the weekend or banking holiday.

__Your account must have a zero balance to qualify for this service.

__Your ACH will go into effect _____.

NAME (Please Print) _____

DATE _____/_____/_____ SIGNED _____

Please attach a voided check or a letter from your bank to expedite your request.
Return complete forms to:

Balanced Bookkeeping & Community Association Management
P.O. Box 25696,
Colorado Springs, CO 80936

Format for your Community Account Number

	BLDG Number	A = Alicia D = Denton	UNIT Number
ARB	2211	A	101

Written without spaces   ========>>   ARB2211A101